Case: 1:16-cv-05946 Document #: 7 Filed: 07/18/16 Page 1 of 16 PageID #:85



THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS

RECEIVED

Garage F. Smith	JUN 06 2016
LUIDINE +. SIMIN	4-6-2016 THOMAS G. BRUTON
	CLERK, U.S. DISTRICT COURT
-	OLE III, O.O. DISTRICT COORT
(Enter above the full name of the plaintiff or plaintiffs in	
this action)	1:16-cv-5946
tins action)	
VS.	Cas Judge Amy J. St. Eve
Glen Trammell	(To Magistrate Judge Mary M. Rowland PC2
CITCH HAITHA	
Selu John	
Nancy Charkumkal	
_ * .	
_ Tom Dart	
Cermak Health Care	
- Comment of the control of the cont	
(Enter above the full name of ALL	
defendants in this action. Do not	
use "et al.")	
CHECK ONE ONLY:	
COMPLAINT LINDED TO	HE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or	중요하는 지하는 항문에서 가게 되었다면 하지만 않아요? 얼마나 아들은 사람들이 모든 아들이 들어가지 않아 하는데 살아 하는데
ensi edat (diane, edaniy, en	
	HE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. C	ode (federal defendants)
OTHER (cite statute, if known	own)
BEFORE FILLING OUT THIS COMPL.	AINT, PLEASE REFER TO "INSTRUCTIONS FOR

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

 B. List all aliases: <u>Laroniz Smith</u> C. Prisoner identification number: <u>Joi30104173</u> D. Place of present confinement: <u>Cook county</u> 	
D. Place of present confinement: COOK COUNTY	
	ail
E. Address: P.O. Box 089002, Chicag	OIL, L
Defendant(s): (In A below, place the full name of the first defendant in the first blank, his position in the second blank, and his or her place of employment in the third for two additional defendants is provided in B and C.)	
A Defendant Callo Transacti	
A. Defendant: Glen Trammell	
Title: Doctor	
	Clinic
Title: Doctor	c.linic
Place of Employment: DIVISION 10 Health Car-	Chnic
Place of Employment: DIVISION 10 Health Car- B. Defendant: Nancy Chackumkal	Clinic
Place of Employment: DIVISION 10 Health Car- B. Defendant: Nancy Chackunkal Title: Nurse	Clinic

according to the above format on a separate sheet of paper.)

2 Revised 9/2007

- II. Defendant(5):
 - D. Defendant: Tom Dart

 Title: Chief Sheriff of cook county

 Place of Employment: COOK County
 - E. Defendant: Cermak Health Care

 Title: Health Care provider

 Place of Employment: Cook County Jail

II.	List	ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or feder in the United States:
	A.	Name of case and docket number:
	В.	Approximate date of filing lawsuit:
	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
	D.	List all defendants: \(\bigcap \)
	E.	Court in which the lawsuit was filed (if federal court, name the district; if state cour name the county):
	F.	Name of judge to whom case was assigned:
	G.	Basic claim made: V A
	H.	Disposition of this case (for example: Was the case dismissed? Was it appealed Is it still pending?):
	I.	Approximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Zoloff medication, after and decier Glen Trammell" Ohsuch med

the nutses or doctor helped me to the best of there ability because I should of been Seen by a phsych doctor and my medicalian should of been changed immediately, and IA not doing so , I feel they neglected my mental and physical health. I have suicide attemps in my background and when I tried to Step takeing the medication I almost hurt my self out of depression and when I informed the doctor and nurser of my suicide attemps, I was told to continue to take the medication I also wrote gricuances on several occassions and on the appeal of one of my grievances I was informed to continue to take my medication. On thise above dates, doctor Trammell, nurse Nancy and nurse John Should of Sent me to the phsych doctor and got my medication changed immediately ! Every appointment They said I had it never come and I was on 20/044 for almost 3 Months. In doing so I feel as if they neglected and abused my muses and physical health. With there are or negligina I now have permanate on and off head thes and I feel cook county medical Staff did malpractice with that being said I feel these are unfair inhumane actions. Everything above are recorded facts and this is my claim. This is my grievance contorol Number 2015 2021.

V.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
I for	my permanate headaches and negligence shows
\$ 50	pard me with that said I should be awarded
VI.	The plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court. Signed this May day of 17, 2016
	Saune A Smeh
	(Signature of plaintiff or plaintiffs)
	Larone F. Smith
	(Print name)
	20130104173
	(I.D. Number) D = O . Box 089007,
	Chicago IL, le 0608
	(Address)

Casse: 11 1166 cv 40559466 Domcumentt#: 71 Hillerth: 006/106/1166 Pranne 8 off 1166 Prannel D ## 92

COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)	GRIEVANCE	□ NON-GRIEVANCE (REQUEST)
INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación)	201	CONTROL#
INMATE INFORMATION (Información del Preso	0)	
INMATE LAST NAME (Apellido del Preso): INMATE FIRST NAME (Primer Nombre):	ID Number (# de identifi	Gación):
GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WE		F AN INMATE)
CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT: 200 Nodical Treas	tmon T	
		#/
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):		
No 1/		1 3/1
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /REQUEST TO (Example: Superintendent, Cermak Health services, Per	rsonnel):	DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:		1 12 /
Open had been soldeled to tallowing		The solution of the solution o
All the state of t	Jan Line	The median with the

the next will	0 0	amounts.	
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
Susan Shicker	ALL ALLES	11/2	130/
	iew all responses to grievances alleging staff		onduct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check appl	cable box): INMATE SIGNATURE (Firma del Preso):		DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT CODE:	The state of the s	which - he was	(Fecha en que la respuesta fue recibida):
	and the state of t	1 MILIA	Children Cont
NON-GRIEVANCE SUBJECT CODE:	- ANDINE	- MINNY	

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
 - * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

> ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? ¿ Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

No 1

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su apelacion):

FCN-48 (Rev. 09/14) WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

Casse: 11:116-0x/0559466 Documentt#: 7.1 Filed: 006/108/116 Page 9 off 116 Page 10 # 98



COOK COUNTY SHERIFF'S OFFICE (Officina del Alguacil del Condado de Cook)

GRIEVANCE	NON-GRIEVANCE (REQUES
	- The state of the doctor

INMATE GRIEVANCE P	RESPONSE / APPEAL FORM		CONTROL #
	/ Respuesta / Forma de Apelación)		11/1
Y		10 作二	1=14/1
	INMATE INFORMATION (Información del Pi	reso)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de idei	ntificación):
-/M1+	carone	101	JOYU HY 17
GRIEVANCE	/ NON-GRIEVANCE (REQUEST) REFERR	AL & RESPONSE	Address of the second
(EMERGENCY GRIEVANCES ARE CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAIN	THOSE INVOLVING AN IMMEDIATE THREAT TO THE	WELFARE OR SAFETY	OF AN INMATE)
	1910 Medical	1199	1,17005
			1
	Age to the second		
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applications)	able):		
Fill the second			
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / //	REQUEST TO (Example: Superintendent, Cermak Health services	. Personnel):	DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:			21010
Policy Was Seen PCC	die in Starter ha follow	was the	I Prince a warm
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
Jama Seeman		16	61211
Superintendents of a division/unit must review	all responses to grievances alleging staff use o	f force, staff miscond	luct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable	e box): INMATE SIGNATURE (Firma del Preso):		DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
GRIEVANCE SUBJECT CODE:			6.10
NON-GRIEVANCE SUBJECT CODE:		100	016915
INMATE'S F	REQUEST FOR AN APPEAL (Solicitud de Aj	pelación del Preso)	
* To exhaust administrative remedie	es, appeals must be made within 14 days of the	a data the lawest w	
Las apelaciones tendran que ser	sometidas dentro de los 14 días; a partir que e todas las posibles respuestas administrativa	l preso recibio la resp s.	ouesta para agotar
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha		1 1	
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una ap			
Think I Co Broto Fort Air Enc (Base del detelloto para una ap	oeiacionj.	1/2	
	The second secon		Sharman is the same and a
	The state of the s		
Section of the section of the section		V- 10	9
	E'S ACCEPTANCE OF INMATE'S APPEAL? tada por el administrador o/su designado(a)?	Yes (S	No
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION		designado(a)):	
		doorg/iddo(dy).	and the second
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a))	SIGNATURE (Firma del Administrador o / su Desig	gnado(a)):	DATE (Fecha):
	- ***		
INMATE SIGNATURE (Firma del Preso):	The state of the s	DATE INMATE RECE	IVED APPEAL RESPONSE:
			o recibio respuesta a su apelacion):
		State of the state	

Case: 1:16-cv-05946 Document #: 7 Filed: 06/06/16 Page 10 of 16 PageID #:90 COOK COUNTY SHERIFF'S OFFICE

GRIEVANCE	NON-GRIEVANCE	(REQUES
-----------	---------------	---------

(Oficina del Alguacil del Condado de Cook)	GRIEVANCE NON-GRIEVANCE (REQUEST)
INMATE GRIEVANCE FORM	CONTROL#
(Formulario de Queja del Preso)	
!This section is to be completed by Program Services Staff - C	NNI VI // Para dar llanada dala para la saccada da Romano Contra lla
	Program Services !)
GRIEVANCE FORM PROCESSED AS:	REFERRED TO:
☐ EMERGENCY GRIEVANCE	☐ CERMAK HEALTH SERVICES
GRIEVANCE	SUPERINTENDENT:
□ NON-GRIEVANCE (REQUEST)	OTHER:
Program Services Supervisor Approving Non-Grievance (Request) Signature	The same of the sa
INMATE INFORMATION	
PRINT - INMATE LAST NAME (Apellido del Preso): PRINT - FIRST NAME (Primer Nom	ibre): ID Number (# de identificación):
DIVISION (División): LIVING UNIT (Unidad):	DATE (Fecha):
	3 / 3 / 1 5
INMATE'S BRIEF SUMMARY OF THE COMPL	AINT (Breve Resumen de los Hachos del Preso):
* An inmate wishing to file a grievance is required to do * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed the	prough the use of an Inmate Grievance Request / Response / Appeal Form
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inma	ate may re-submit the grievance issue after 15 days to obtain a "Control Number"
if there has been no response to the request * Un preso que desea llenar una queja, se le requiere que	
* Las decisiones del Comité Disciplinario de los preso, no podrán ser cuestionadas o ane	eladas a través del uso del Formulario de Queias / Posquesta / Forma de Apolación
* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría i ya sea porque no hay una respuesta o po	re-someter una Queja después de los 15 días para recibir un "Numero de Control", orque la respuesta es insatisfactoria.
PLEASE INCLUDE: Date of Incident - Time or	f Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora D	Del Incidente - Lugar Específico Del Incidente)
With Bridge Supplied to the billion of the	1 22 22 24 24 24 24 24 24 24 24 24 24 24
Water Committee of the	
	The state of the s
	1/
+0 MARINER TO THE STATE OF THE	Control of the Contro
40	Company of the Compan
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):	
The second secon	
	The same of the same
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:	INMATE SIGNATURE (Firma del Preso):
(Nombre del personal o presos que tengan información):	The state of the s
	E E E E E E E E E E E E E E E E E E E
SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOR	O SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT,
CRW / PLATOON COUNSELOR (Print): SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED:
7 I WALL TO WALL TO	STILL STILL PROGRESSION RECEIVED.
· KIND DOWN COMMEN	
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): SIGNATURE:	

Case: 1:16-cv-05946 Document #: 7 Filed: 06/08/16 Page 11 of 16 PageID #:95
COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

GRIEVANCE	
-----------	--

NON-GRIEVANCE (REQUEST)

ററ	мт	ᇚ	1 #
CO	NI	ĸυ	L #

(Formulario de Queja del Presi			
!This section is to be completed by Pro	ogram Services Staff - C	ONLY! (! Para ser llena	do solo por el personal de Program Services !)
GRIEVANCE FORM PROCESSED A	S:	REFERRED TO:	
EMERGENCY GRIEVANCE	☐ EMERGENCY GRIEVANCE ☐ CERMAK HEALTI		LTH SERVICES
GRIEVANCE		SUPERINTENDENT:	
□ NON-GRIEVANCE (REQUEST)		OTHER:	
Program Services Supervisor Approving Non-Grie	evance (Request) Signature		
	INMATE INFORMATION	N (Información del Preso)	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nom	nbre):	ID Number (# de identificación):
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):
10	4		4143113
INMATE'S BRIEF SUI	MMARY OF THE COMPL	_AINT (Breve Resumen	de los Hechos del Preso):
* Inmate Disciplinary Hearing Board decision * When a grievance issue is processed as a NON- if there ha	to file a grievance is required to descannot be grieved or appealed to GRIEVANCE (REQUEST), an inm is been no response to the requestillenar una queja, se le requiere qui	through the use of an Inmate G nate may re-submit the grievand t or the request is deemed uns	rievance Request / Response / Appeal Form. ce issue after 15 days to obtain a "Control Number" atisfactory.
* Las decisiones del Comité Disciplinario de los preso * Cuando una queja se procesa como una QUEJAS ya sea	, no podrán ser cuestionadas o ap NO (PETICIÓN), un preso podría a porque no hay una respuesta o p	peladas a través del uso del Fo re-someter una Queja despué porque la respuesta es insatisfa	rmulario de Quejas / Respuesta / Forma de Apelación. s de los 15 días para recibir un "Numero de Control", actoria.
		of Incident - Specifi Del Incidente - Lugar	c Location of Incident Específico Del Incidente)
Time Nonc		5 6 6 7	La Contraction of the Contractio
Example Tame	a little	Salar Comment	11 9 16 195 The 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The state of the state of	and they will be	To Company	the stay of the stay of the
Marie 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Village British	and the second	They Trees of ally as
and the second section is	All there is	The same	and the second second
La Tipi kom have	4 5 600	224	and the second
int head some all the		4 0	The transfer of the
and the second second second second	Market Jan		was they work to
The whole he was	King Comment	e application of the contraction of	
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitan	do):	The Carrie	
The second section is a second	The State of the S	A STATE OF THE STA	the the transfer of the tenant
A CONTRACTOR OF THE STATE OF TH	en and a result	the second second	
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGAR	DING THIS COMPLAINT:	INMATE SIGNATURE	(Firma del Preso):
(Nombre del personal o presos que tengan información):	4.6		A SAL
SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A	DIVISION/UNIT MUST REVIEW A	ND SIGN ALL GRIEVANCES	ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT,
AND EMERGENCY GRIEVANCES. IF THE INMA	ATE'S GRIEVANCE IS OF A SERI		ITENDENT MUST INITIATE IMMEDIATE ACTION.
CRW / PLATOON COUNSELOR (Print):	SIGNATURE:	1	DATE CRW/PLATOON COUNSELOR RECEIVED:
	11000		15
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:

Case: 1:16-cv-05946 Document #: 1 Filed: 06/06/16 Page 12 of 16 PageID #:98



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación)

	GRIE	VANC	
--	------	------	--

NON-GRIEVANCE (REQUEST)

CONTROL#	CONTROL#	
	CONTROL#	

· / · · · ·		N 1	
INMAT	E INFORMATION (Información del Prese	0)	. (3)
	IRST NAME (Primer Nombre):	ID Number (# de identificación):	
Smith 1	arone	20130164173	
GRIEVANCE / NON-C	GRIEVANCE (REQUEST) REFERRAL	& RESPONSE	
(EMERGENCY GRIEVANCES ARE THOSE IN	VOLVING AN IMMEDIATE THREAT TO THE WE	ELFARE OR SAFETY OF AN INMATE)	
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:	D. Mirle Clareous		
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable);	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1133/11/2012	-
The Submitted of	griedines of	7/00/15 1/10/1	
Th (1 # 2015 do	1. Thericsus	has been	
arkly 45 R. 1. See atta	chod.	1 20 1	-
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /REQUEST TO	D (Example: Superintendent, Cermak Health services, Pe	rsonnel): DATE REFERRED:)
RESPONSE BY PERSONNEL HANDLING REFERRAL:	c W		1
DESCRISE IS DENOVICE	NO ATEC TO P		
MODULE D PENDING	NO NOTO TO D	ETILE.	
PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE:	DIV	L/DEPT. DATE:	
LEENDERSON ()		30mal 4 12015	5
Superintendents of a division/unit must review all respon	ases to grievances alleging staff use of fo	area staff misconduct and amerganou grievaness	
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): SIGNATURE:	THE RESIDENCE ASSESSMENT OF THE PARTY OF	7./ DEPT. DATE:	5.
			1
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):	NMATE SIGNATURE (Firma del Preso):	DATE RESPONSE WAS RECEIVED:	
GRIEVANCE SUBJECT CODE:		(Fecha en que la respuesta fue recibida)	a):
NON-GRIEVANCE SUBJECT CODE:			14
INMATE'S REQUES	T FOR AN APPEAL (Solicitud de Apelo	ación dal Preso)	
INIMATE S NEGOES	TION AN ATTEAL (Solicitud de Apeix	acion dei Fresoj	
* To exhaust administrative remedies, appeal	s must be made within 14 days of the d	ate the inmate received the response.	
* Las apelaciones tendrán que ser sometida	s dentro de los 14 días; a partir que el pr	reso recibió la respuesta para agotar	-71/1
	las posibles respuestas administrativas.		100
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solid	citud del la apelacion del detenido):	1	
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):		The second second second	19 1
ADMINISTRATOR / DESIGNEE'S ACCE	PTANCE OF INMATE'S APPEAL?	Yes (Si) No	
¿ Apelación del detenido aceptada por e			1
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision	o recomendacion por parte del administrador o / su des	signado(a)):	
			334
ADMINISTRATOR / DESIGNES / Administrators / 2011-01/10	CIONATURE (Fire	1000	111
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):	SIGNATURE (Firma del Administrador o / su Designac	DATE (Fecha):	1
INMATE SIGNATURE (Firma del Preso):		DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su apelacion):	
		The second secon	

Case: 1:16-cv-05946 Document #: 7 Filed: 06/06/16 Page 13 of 16 PageID #:93. COOK COUNTY SHERIFF'S OFFICE

GRIEVANCE	NON-GRIEVANCE (REQUEST
-----------	------------------------

J	OTHETTHOL	OHIETHATOL	1

INMATE GRIEVANCE FORM		
	CONTROL #	
(Formulario de Queja del Preso)		ir (
!This section is to be completed by Program Services Staff -	ONLY! (! Para ser llenado solo por el personal de Program Services !)	
		1237
GRIEVANCE FORM PROCESSED AS:	REFERRED TO:	
EMERGENCY GRIEVANCE	☐ CERMAK HEALTH SERVICES	
GRIEVANCE	SUPERINTENDENT:	
☐ NON-GRIEVANCE (REQUEST)	OTHER:	
		1
Program Services Supervisor Approving Non-Grievance (Request) Signature		
	ON (Información del Preso)	
PRINT - INMATE LAST NAME (Apellido del Preso): PRINT - FIRST NAME (Primer No.	ombre): ID Number (# de identificación):	
DIVISION (División): LIVING UNIT (Unidad):	DATE (Fecha):	
4	41/61/7	
INMATE'S BRIEF SUMMARY OF THE COMP	PLAINT (Breve Resumen de los Hechos del Preso):	
* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed	o do so within 15 days of the event he/she is grieving. If through the use of an Inmate Grievance Request / Response / Appeal Form.	NA.
* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an in	mate may re-submit the grievance issue after 15 days to obtain a "Control Number" est or the request is deemed unsatisfactory.	19
	que lo haga dentro de los 15 días después del incidente.	
* Las decisiones del Comité Disciplinario de los preso, no podrán ser cuestionadas o a	apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación. la re-someter una Queja después de los 15 días para recibir un "Numero de Control",	
	p porque la respuesta es insatisfactoria.	
	e of Incident - Specific Location of Incident a Del Incidente - Lugar Específico Del Incidente)	
(For Favor, moleya. Fred a Del modelle - Froia	a Del moderite - Lagar Especifico Del moderite)	
Committee 3 to be well to the second	The second of the second of the second	a.L.
the first of the Armer and the second		148
	Company of the Compan	
5 W 5 W 5 W		15
		15
		15
		+11
		1-11
MACHER AND		1-11
MALE STATE OF THE	h h	1-11
TO ALL THE RESIDENCE OF THE STATE OF THE STA	h.	- E
	m to the second	- T
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):	ho	-11
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):		1711
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):		\(\frac{\x}{2}\)
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:	INMATE SIGNATURE (Firma del Preso):	
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):	INMATE SIGNATURE (Firma del Preso):	
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):		
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW A	AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUC	CT,
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW A	met Jemen Jaith	et,
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW A AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SER	AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCTIONS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.	CT,
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW A AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SER	AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCTIONS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.	et,

FCN-47 (Rev. 09/14)

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE



Case: 1:16-cv-05946 Document #: 7 Filed: 06/06/16 Page 14 of 16 PageID #:98 . COOK COUNTY SHERIFF'S OFFICE

NON-GRIEVANCE (REQUEST)

CONTROL#

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Pres	(0)		
I This section is to be completed by Progra	m Services staff - ONLY	! (! Para ser llenado solo	por el personal de Program Services !)
GRIEVANCE FORM PROCESSED	AS:	REFERRED TO:	
EMERGENCY GRIEVANCE		CERMAK HEALTH	+ SERVICES
GRIEVANCE	the Alexander		NT:
☐ NON-GRIEVANCE (REQUEST)	No.	☐ OTHER:	
Program Services Supervisor Approving Non-Grievan		N (Información del Preso)	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer		ID Number (# de identificación):
	100000	774	21190121113
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):
INMATE'S BRIEF SUMI	MARY OF THE COMP	PLAINT (Breve Resumen o	le los Hechos del Preso):
 Inmate Disciplinary Hearing Board decisions When a grievance issue is processed as a 	cannot be grieved or appeals NON-GRIEVANCE (REQUEST),	o do so within 15 days of the event ed through the use of an Inmate G an inmate may re-submit the grie request or the response is deeme	rievance Request/Response/Appeal Form. vance issue after 15 days to obtain a "Control
 Las decisiones del Comité Disciplinario de los presos, Cuando una Queja se procesa como una QUEJAS 	no podrán ser cuestionadas o NO (PETICION), un preso pod		mulario de Quejas/Respuesta/Forma de Apelación. de los 15 días para recibir un "Numero de Control",
		ne of Incident - Specific ra Del Incidente - Lugar I	c Location of Incident Específico Del Incidente)
	hof 13-		
	1		The state of the s
	N/iz		The same
		30.	
7 87 - 10 km		Y	
4/			

M. M. C.			B
<u> </u>			2274
the state of the s	10 Aug.		
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado)		40 a 19	
TO DOK		CALL IN CALL	and the second of the second
and the state of t			K.
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDIN (Nombre del personal o presos que tengan información:)	NG THIS COMPLAINT:	INMATE SIGNATU	RE (Firma del Preso):
CUREDINTENDENTS (PUREATORS (PERSONALITY)	1021 7 37	Cal N	CERCI 9711 XXX
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVIS AND EMERGENCY GRIEVANCES. IF THE INMATI	GION/UNIT MUST REVIEW A E GRIEVANCE IS OF A SERIO	ND SIGN ALL GRIEVANCES ALL DUS NATURE, THE SUPERINTEN	EGING STAFF USE OF FORCE, STAFF MISCONDUCT, NDENT MUST INITIATE IMMEDIATE ACTION.
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	000	DATE CRW/PLATOON COUNSELOR RECIEVED:
The transfer	10	M)	5/1/19
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:

(FCN-47)(NOV 11)



Case: 1:16-cv-05946 Document #: I Filed: 06/06/16 Page 15 of 16 PageID #:99 COOK COUNTY SHERIFF'S OFFICE

GRIEVANCE	NON-GRIEVANCE (REQUEST)

(Oficina del Alguacil del Condado de Cook) INMATE GRIEVANCE FORM

1986	00	RIT	00	1 44

(Formulario de Queja del Preso)	Y	
1 This section is to be completed by Program Services	s staff - ONLY! (! Para ser llenado solo	por el personal de Program Services !)
GRIEVANCE FORM PROCESSED AS:	REFERRED TO:	
☐ EMERGENCY GRIEVANCE	☐ CERMAK HEALT	H SERVICES
GRIEVANCE	SUPERINTENDE	NT:
☐ NON-GRIEVANCE (REQUEST)	OTHER:	
Program Services Supervisor Approving Non-Grievance (Request) Sig	anatura	
	FORMATION (Información del Preso)	
	ST NAME (Primer Nombre):	ID Number (# de identificación):
1/11/h	Latone	20180109115
DIVISION (División):	(Unidad):	DATE (Fecha):
INMATE'S BRIFF SUMMARY OF	THE COMPLAINT (Breve Resumen of	de los Herhos del Preso):
Un preso que desea llenar una queja Las decisiones del Comité Disciplinario de los presos, no podrán se Cuando una Queja se procesa como una QUEJAS NO (PETICIO).	NCE (REQUEST), an inmate may re-submit the grie response to the request or the response is deeme a, se le requiere que lo haga dentro de los 15 días recuestionadas o Apeladas a través del uso del Fo	evance issue after 15 days to obtain a "Control ed unsatisfactory. después del incidente. rmulario de Quejas/Respuesta/Forma de Apelación. s de los 15 días para recibir un "Numero de Control",
PLEASE INCLUDE: Date of Incid		ic Location of Incident
On the SUNT HANDALD	fell till the	e - lui ci i i i i i i i i i i i i i i i i i
a color but it interest	War Kiti	are Change
THE LOW WING ME	Dat That In	weath to was
Alta sout & Lad was	and the state of	A CONTRACTOR OF THE PARTY OF TH
SV47 Veln	10 11 11 11/1/10	
and the state of t	de la	
and that will also and the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· Ju well from
	and the second	
The state of the s)	
and the first of the state of t	1.2. 9.52	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):	and Making Make a market of the Color	
ALE INT. N. 10 . HAR SE	J. OFFIC C. WELL	A CONTRACTOR OF THE PARTY OF TH
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COM (Nombre del personal o presos que tengan información:)	PLAINT: INMATE SIGNATI	URE (Firma del Preso):
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MAND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE CRW/PLATOON COUNSELOR (Print):	MUST REVIEW AND SIGN ALL GRIEVANCES AL CE IS OF A SERIOUS NATURE, THE SUPERINTE ATURE:	LEGING STAFF USE OF FORCE, STAFF MISCONDUCT, NDENT MUST INITIATE IMMEDIATE ACTION. DATE CRW/PLATOON COUNSELOR RECIEVED:
RHILLE	Bluck	5.2015
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNA	ATURE:	DATE REVIEWED:
(FCN-47)(NOV 11) (WHITE COPY - PROGRAM	SERVICES) (YELLOW COPY - CRW/PI	ATOON COUNSELOR) (PINK COPY - INMATE)

Casse: 11:116 cov-0155941	6		agged ID##11060
	RIFF'S OFFICE 049566	GRIEVANCE	NON-GRIEVANCE (REQUEST)
	dado de Cook)		CONTROL#
	RESPONSE / APPEAL FORM / Respuesta / Forma de Apelación)	/	1//2
	INMATE INFORMATION (Información del Pi	The state of the state of	
INMATE LAST NAME (Apellido del Preso).	INMATE FIRST NAME (Primer Nombre):	ID Number (# de ider	ntificación):
SUITI	Faione	2013	0104/19
	E / NON-GRIEVANCE (REQUEST) REFERR RE THOSE INVOLVING AN IMMEDIATE THREAT TO THE		OF AN INMATE)
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLA	THE RESERVE THE PARTY OF THE PA	1-1-10	(City train
	110 Inducas	1100	111-1100
		191	1 1 1 1 1 1 1 1 1 1 1
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if app	licabla)		The state of the s
INIMEDIATE CHW/PEATOON COUNSELON RESPONSE (II app	ilicatio).		4 1
0			- 1/
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE	//REQUEST TO (Example: Superintendent, Cermak Health services	s, Personnel):	DATE REFERRED
RESPONSE BY PERSONNEL HANDLING REFERRAL:	The state of the s		
The second secon			The state of the s
The state of the s	* **		,
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
Laure Seemen		10	6115115
	w all responses to grievances alleging staff use of	of force, staff miscond	luct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applica	able box): INMATE SIGNATURE (Firma del Preso):	9-1	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
GRIEVANCE SUBJECT CODE:	- 1 / 21 som Alon	with	
NON-GRIEVANCE SUBJECT CODE:	- Cura ve		
INMATE'S	REQUEST FOR AN APPEAL (Solicitud de A	pelación del Preso)	
* To exhaust administrative remed	dies, appeals must be made within 14 days of th	ne date the inmate re	ceived the response.
	er sometidas dentro de los 14 días; a partir que		The state of the s
	todas las posibles respuestas administrativa	as.	
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fe	cha de la solicitud del la apelacion del detenido):	//_	
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una	a apelacion):		
		11 11 11 11	
	NEE'S ACCEPTANCE OF INMATE'S APPEAL?		
	eptada por el administrador o/su designado(a)		
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMEND.	ATION (Decision o recomendacion por parte del admini-		
	7.11124		
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado	(a)): SIG		
INMATE SIGNATURE (Firma del Preso):	12 12		
Colored Colore	Sec. 3		
	FR. C.		
FCN-48 (Rev. 09/14) WHITE COP	/ - PRO		